

Image# 202212239574220659

PAGE 1 / 3

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) JAMES, JOHN, , ,		
(b) Address (number and street) P.O. BOX 628		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code ST. CLAIR SHORES MI 48080		2. Candidate's FEC Identification Number H2MI10150
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
6. State & District of Candidate MI 10		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) JOHN JAMES FOR CONGRESS, INC.		
(b) Address (number and street) P.O. BOX 628		
(c) City, State, and ZIP Code ST. CLAIR SHORES MI 48080		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) TEAM VALOR		
(b) Address (number and street) 824 S MILLEDGE AVE STE 101		
(c) City, State, and ZIP Code ATHENS GA 30605		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate JAMES, JOHN, , , [Electronically Filed]	Date 12/23/2022
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

Page 2 of 3

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

MICHIGAN VETERANS VICTORY FUND

(b) Address (number and street)

C/O RED CURVE SOLUTIONS
138 CONANT STREET - SUITE 201

(c) City, State, and ZIP Code

BEVERLY

MA

01915

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

NRCC MICHIGAN VICTORY

(b) Address (number and street)

320 1ST STREET, SE

(c) City, State, and ZIP Code

WASHINGTON

DC

20003

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

JAMES FOR MI-10

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

JOHN JAMES FOR MICHIGAN

(b) Address (number and street)

P.O. BOX 628

(c) City, State, and ZIP Code

ST. CLAIR SHORES

MI

48080

Optional Supplemental Page for Designation
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Page 3 of 3DESIGNATION OF OTHER AUTHORIZED COMMITTEES
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(a) Name of Committee (in full)

JUST WIN BABY VICTORY FUND

(b) Address (number and street)

824 S MILLEDGE AVE STE 101

(c) City, State, and ZIP Code

ATHENS

GA

30605

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

TAKE BACK THE HOUSE 2022

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

SCOTT FRANKLIN WINGMAN FUND

(b) Address (number and street)

P.O. BOX 2811

(c) City, State, and ZIP Code

LAKELAND

FL

33806

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

FREEDOMWORKS VICTORY 2022

(b) Address (number and street)

PO BOX 26141

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22313